

SARAH · LAWRENCE · COLLEGE

2008-2009 Billing Adjustment Worksheet for CCE/CCM Students

Print Name: _____ Student I.D. # _____

Daytime Telephone Number at which you can be reached in case of questions regarding your adjustments: _____

- **Amount Due:** (from Statement of Account) (A) \$ _____

ADJUSTMENTS TO AMOUNT DUE (fall semester only)

- **Tuition Adjustment:** If you intend to take a different number of credits in the spring semester than the number for which you were billed,

Multiply \$1,315 by the number of credits you intend to take and add or subtract the difference in cost here (B) \$ _____

- **Health Insurance:** If you are covered by another insurance plan, attach waiver and proof of insurance and **subtract \$1,870** (C) \$ _____

- **Meal Plan:** If you wish to enroll in a meal plan, or if you wish to change a meal plan already charged to your account, **add or subtract the difference in the value:** (D) \$ _____

- **Other Adjustments:** Financial Aid credits must be confirmed by the Office of Financial Aid. **Detail Financial Aid or other adjustments not appearing on your Statement of Account here:**

_____ (E) \$ _____

- Add lines (B) through (E) and enter **Total Adjustments:** (F) \$ _____

- Subtract/add total adjustments (F) and amount due (A). This is your **Adjusted Amount Due:** \$ _____

- **Monthly Payment Plan Financing:** Divide the “Annual Budget Amount” (from the MPP application) by two and enter the amount here: \$ _____

NOTE: If the Adjusted Amount Due is greater than the MPP Financing, you owe the College the difference. **The balance must be paid in full by July 15, 2008.**

Additional Comments: _____